



**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF SAFE DRINKING WATER  
TECHNICAL REVIEW FORM**

WELL NO.  
(N.J.A.C. 7:10-11.7)

\_\_\_\_\_  
Water Purveyor

\_\_\_\_\_  
PWSID#

\_\_\_\_\_  
Municipality

**CONSTRUCTION:**

Total Well Depth: \_\_\_\_\_

Type of Pump: ☐ Turbine  
☐ Submersible

Diameter                      Length

Borehole:                      in.                      ft.  
   in.                      ft.

Pump Setting Level:

Capacity \ head: \_\_\_\_\_ gpm @ \_\_\_\_\_ feet TDH

Casing:                      in.                      ft.  
   in.                      ft.  
   in.                      ft.

Method of pump control:

Screen:                      in.                      ft.  
Depth to Screen: \_\_\_\_\_ ft.

Grout:                      Thickness: \_\_\_\_\_ in.  
   Depth: \_\_\_\_\_ ft.

**LOCATION:**

Elevation of Well Head: \_\_\_\_\_  
100 Year Flood Elevation: \_\_\_\_\_

Aquifer:  
Latitude \ Longitude: \_\_\_\_\_ \

Water Allocation Permit \ Registration No.: \_\_\_\_\_

Well Coordinate: \_\_\_\_\_ Well Permit Number: \_\_\_\_\_

Previous Use of Land:  
Major Pollutant Sources:

Minor Pollutant Sources:

**PUMP TEST RESULTS**

Tested Yield: \_\_\_\_\_  
% of Design Capacity: \_\_\_\_\_  
Pump Test Duration: \_\_\_\_\_

Static Water Level: \_\_\_\_\_  
Finished Water Level: \_\_\_\_\_  
Drawdown: \_\_\_\_\_

**WELL HEAD, DISCHARGE PIPING AND WELL HOUSE DESIGN:**

	YES	NO	N/A
1. Is the base of the well head at least 12 inches above the pump house floor or surrounding grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the well head properly sealed to prevent contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the following auxiliary well piping and equipment provided:			
a. protected access to the well to permit the direct measurement of the water level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. screened, down facing well casing vent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. air relief valve located between the pump and the check valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. check valve located between the pump and any blowoff, bypass, or other connection (except air relief valve) to the discharge piping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. water level indicator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. discharge pressure gauge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. raw water sample tap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. totalizing flow meter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. blowoff which terminates above ground via an air gap and is protected against contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. shutoff valve located after the blowoff to allow water to be discharged to waste without entering the distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. finished water sample tap (after a minimum of 5 minutes chlorine contact time)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the pump house floor above the highest flood elevation and sloped away from the well head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there proper drainage around the well building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Will access to the well be impeded during flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the land within 50 feet of the well owned or controlled by the purveyor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the installation protected from mischief or vandalism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is auxiliary power provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REQUIRED FORMS:**

Have the following forms been submitted:

	YES	NO	N/A
1. Well Drilling Permit from the Bureau of Water Allocation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Well Record?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Checklist for the Determination of Ground Water Status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. New Jersey Well Vulnerability Questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Request for a Well Head Delineation? (Bureau use only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Not all of the above forms may be available at the time the permit application is submitted.

\*\*\*Submit appropriate engineering plans, specifications, reports, etc. to substantiate your answers. \*\*\*

I hereby certify that answers provided herein are accurate and reflective of the project being considered for approval.

\_\_\_\_\_  
Signature of Engineer  
Professional Engineer's Embossed Seal

\_\_\_\_\_  
Date

\_\_\_\_\_  
N.J.P.E. #

Type or Print Name of Engineering Firm